as it frequently pulsates, from being in close proximity to the iliac artery. In opening abscesses at this point it is necessary to use considerable caution, as instances have been known where the artery has been inadvertently wounded.

d. It may pass into the abdominal cavity, and either become encysted, or induce fatal peritonitis: and, *e*, lastly, it may be discharged at some point of the hypogastric or iliac regions, (besides the inguinal aperture,) in consequence of the ovary becoming adherent to the abdominal parietes, and the matter gradually working its way out. This termination is illustrated by the following case.

A woman, twenty-four years of age, was delivered of her sixth child on the 17th Nov. The labour was rather painful and difficult. Imprudent exposure to cold was quickly succeeded by an attack of fever, by suppression of the lochia, and a tumefaction of the right groin. When received into the hospital, the tumour was of the size of an egg, and the limb was œdematous.

In spite of repeated leechings, &c. the suppurative process commenced, and, by the end of January, several fistulous openings through the abdominal walls had taken place; and from these a copious discharge of pus flowed out. The patient gradually regained her health, and left the hospital, quite cured, a few weeks afterwards.

In the 4th vol. of the Bibliothêque Médicale is narrated in the case of a lady, in whom two iliac abscesses, supervening upon an attack of entero-peritonitis, opened, the one into the sigmoid flexure of the colon, the other into the cœcum —and this last also projected outwardly. An incision was unfortunately made into it, and a stercoral fistula was the consequence.

3. *By Ramollissement.* The ovary becomes tumefied, infiltrated with a seropurulent fluid, and either friable and easily lacerated, or extremely soft and yielding in texture. Dr. Montault saw an example of this degeneration in a young girl, who died of puerperal peritonitis. The labour had been quite natural and easy, but she had suffered much from mental anxiety, and had been exposed to cold, when she was brought to the hospital after delivery.

4. *By Enlargement and Induration.* A young woman was seized with metroperitonitis, five days after her discharge from the Maternité, where she had been safely delivered. She died on the sixth day of the disease, having, on the day or two preceding her dissolution, exhibited all the symptoms of ataxic fever, (from the absorption of purulent matter into the system.) On dissection, a small quantity of pus was found infiltrated into the superior and lateral portions of the uterus. The right ovary was more enlarged than the left, hardened in texture, and of a yellowish colour; firm pressure forced out only a few drops of pus. This state of induration will often continue for a long period without affecting the general health; although it must be confessed that, not unfrequently, the patient is annoyed with colicky pains, proceeding from the site of the ovary, with dysmenorrhœa and other troublesome symptoms.

When these are exceedingly obstinate, and progressively become more distressing, we may suspect that the enlarged and hardened viscus is degenerating into scirrhous, lardaceous, osseous, melanotic, or hydatidic condition.—*Med. Chir. Rev. & Journ. Hebdom.*

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16. *Fatal Case of Effusion of Blood into the Pericardium.* By Dr. Carson, of Liverpool.—Mr. W., a gentleman about fifty-two years of age, of a tall and robust form, clear complexion, subject occasionally to dyspeptic affections; though of very regular and temperate habits; of an active disposition, though his occupation was sedentary and confining; had been for twelve months affected with considerable anxiety of mind, in consequence of the doubtful issue of some building speculations. Towards the end of Lent, which he had rigidly observed according to the injunctions of the Catholic Church, on the 11th of March, a day exempted from the prohibitions respecting diet, he had eaten freely of beef-steaks with onion sauce. He was at that meal sparing as usual in the use of wine. On the evening of the following day, he was engaged in a fatiguing and rather anxious way with the business of a club, of which he was treasurer.

On his return from the club, about eleven o'clock at night, in company with two of his friends, when he had nearly reached his own house, he was seized with faintness and debility to such a degree, that without the assistance of the friends who accompanied him he would not have been able to have kept his feet. Soon after his arrival at his house, he was visited by Mr. Bromilow, his medical attendant. He described himself as faint and exhausted; complained of an obtuse, heavy pain at the precordia, and was affected with flatulent eructations. His respiration was free, his pulse 70, and regular, though weak. He had no affection of the head, nor pain any where, excepting as described in the chest. His bowels had been opened that day. Mr. Bromilow ordered an antispasmodic draught; and left him with directions to take something warm, and go to bed. He took the draught, and a weak glass of brandy and water. At three o'clock he sent for Mr. B. again, and, as the pain in the chest was not abated, he expressed a wish to be bled, which Mr. B. agreed to, more with the hope of satisfying his mind than from any great necessity for that measure being indicated by the symptoms. He lost a pint of blood. An opiate was then administered. At this visit Mr. B. examined the chest more minutely. He applied his ear to the different regions of the naked chest, but perceiving no unsual sound or vibrations, concluded that the heart, lungs, and large vessels were in a sound state. At five o'clock, A. M. I visited him. He felt cold, perspired gently, and chiefly complained of a pain in the chest, which he described as wearisome and oppressive. It was not increased by taking a full inspiration. He had vomited a little in the course of the night, and had discharged some of the onion sauce he had taken the day preceding the attack. He was much troubled with flatulency, and belched frequently, but was not relieved by it so far as regarded the pain in the chest. His pulse was regular; the heat of the body natural; and respiration good. He had had no sleep.

From the information given by Mr. Bromilow, connected with my own observation, I considered that nothing could be indicated by the symptoms beyond an affection of the stomach, which is known to exhibit itself in such anomalous forms. He took four grains of calomel, and two of opium. We visited him again at half after eleven o'clock. He had had little sleep. The symptoms remained the same. He was ordered an aperient mixture, and we proposed to visit him again at seven o'clock. At this visit, I replied to the anxious inquiries of the family—that we did not see any cause for alarm; that the complaint seemed to arise from indigestion; and that I had no doubt he would recover. At three o'clock in the afternoon he sent for Mr. Bromilow, as the pain still continued unabated, and wished to know if he might have any thing to rub the part with. The bowels had not been opened, and he had had little or no sleep. A short time before seven o'clock, the hour at which we had proposed to visit him, and at which I was prevented from attendance by an urgent call to a distant part of the country, Mr. W. was seized with what the family conceived to be a fit; and a short time after the arrival of Mr. Bromilow, expired. In consequence of my unavoidable absence, other physicians were called in, and two arrived, but not until after the death of the patient. I applied for permission to open the body, which was granted. The body was examined twenty-four hours after death, by Mr. Bromilow, in my presence, and in that of my son, Dr. Carson, Jr. The following were the appearances on dissection. Upon opening the chest, the lungs on both side were perfectly sound and collapsed. But, notwithstanding the collapse, the chest was filled more than it usually is when the lungs are sound. This indicated the existence of some foreign substance, or morbid enlargement of some of the organs. The pericardium was found accordingly to be immensely distended by some fluid, which, when this bag was opened, was found to be blood, partly liquid and partly coagulated: the quantity was not less than three pints. It was purely blood, without the admixture of any fluid indicating inflammatory action. The external surface of the heart, and internal surface of the pericardium were examined carefully, but no ruptured vessels, from which the blood might have flowed were discovera-

ble on either of these surfaces. The heart itself was perfectly sound, the valves were in good condition, and no disease existed in any of the large vessels. The lungs were free from adhesions, and were every where sound. The other viscera were in a sound state. A great deal of care and time were expended in trying to discover the source from which the blood had flowed into the pericardium, but in vain: a slight ecchymosis was observed about the root of the pulmonary artery. Dr. Baillie, in his *Morbid Anatomy*, says, "Cases have occurred, though very rarely, in which a large quantity of blood has been accumulated in the cavity of the pericardium, but where no rupture could be discovered after the most diligent search, either in the heart itself, or in any of its vessels. This appears very wonderful, and not at all what any person would expect *à priori*. Two conjectures have occurred to me, to explain this phenomenon: 1st, that the blood-vessels on the surface of the heart have lost their compactness of tissue, so that the blood may have escaped by transudation. The other is, that the blood may have been poured out by the extremities of the small vessels opening on the surface of that part chiefly of the pericardium forming the immediate cover of the heart, from their orifices having been to a very uncommon degree relaxed."

There is a case related by Dr. Alston, in the 6th volume of the Edinburgh Medical Essays, in which the disease of the chest was of long standing. Three pints of blood, which was partly coagulated and partly mixed with lymph, were found in the pericardium. No ruptured vessel was discovered either on the outer surface of the heart, or the inner surface of the pericardium. Upon pressing the heart, a bloody serum oozed out of a great many orifices on its surface, and principally near its base. No disease was discovered in the interior of the heart or large vessels. Dr. Baillie refers to two cases of extravasation of blood into the cavity of the pericardium, in which the source of the hæmorrhage could not, after the most careful examination, be discovered. In both these, functional disease of the heart had been observed for some time previous to the death of the patient. Vide Medical Observer, vol. 10, p. 330. Memoirs of Medical Society, vol. 1, p. 238.

Various opinions have been advanced respecting the sources from which, in the above cases, the blood was derived. One of the suppositions made by Dr. Baillie appears to me to approach the nearest to the truth, which is that the blood had oozed out of the small vessels on the internal surface of the pericardium immediately covering the heart. It is probable, I think, that the oozing, particularly in the case now narrated, arose from the condition of the blood, and the relaxed state of the fibres. It would appear that the disease was general, and that the shivering, faintness, and depression of spirits were not the effects of the flow of blood into the pericardium, but that this last was, like the affections stated, the effect or symptom of the general disease—that in fact there existed a morbid state of the whole system, similar to that which takes place in purpura, in some kinds of epistaxis, hæmatemesis, and bleeding from the bowels in typhus fever. The pain in the chest was in the first place occasioned by the admission of blood into a cavity not accustomed to the stimulus of that fluid. There is no reason to suppose that the action of the heart would be mechanically affected until the quantity of the blood was pretty considerable; for the blood would readily follow the dilatation of the pericardium occasioned by the elasticity of the lungs when the chambers of the heart had finished their contractions. No sound was perceived on carefully examining the chest. Indeed no sound could be excited, as no fluid was poured from one vessel into another. For as the auricles expand as the ventricles contract, the change of place in the constituents of the fluid in the pericardium would be inconsiderable, and made with quietness.

There does not appear to be any symptom in this case that would have warranted the medical attendants in giving an unfavourable prognosis. As a matter of prudence, a less favourable one might have been made, but the same

prudence would not permit the expression of a favourable prognosis in any case whatever.—*Liverpool Medical Journal, No. I.*

17. *Extensive Mesenteric Disease—Great Heat of the Whole Body the Chief Symptom.*—Giovanni L. æt. 36, a countryman, was admitted into the hospital at Padua in February, 1830. His only complaint was a burning heat over every part of his body; and this was so distressing, that, although the weather was exceedingly cold, he lay all night without any coverings. Two bleedings from the arm, and cooling purgatives, relieved him so much that he was able to return home. In the month of May he returned, labouring under the same distress, and was again made well by a similar treatment. At this time, however, some symptoms of a hypochondriacal affection were first observed.

A fortnight after his second dismissal he came back, in consequence of a mild attack of continued fever, accompanied with that feeling of burning heat which had so much distressed him before. A variety of remedies were tried, but with few good effects, the fever continuing in spite of them, and the patient gradually losing strength and flesh. The pulse being firm and hard, he was bled from the arm, and twelve leeches were applied round the anus. Being considerably relieved by this treatment, he was induced to leave the hospital. He was not, however, long absent, and on his return his condition was decidedly worse. The pyrexial symptoms were much aggravated, but he no longer complained of the burning heat; his emaciation was much greater.

Repeated examinations of all the great cavities of the body were made by more than one experienced physician, for the purpose of ascertaining, if possible, the seat or exciting cause of the prolonged duration of fever; but no very satisfactory conclusions could be arrived at by any one. It was suspected, however, that the "fons et origo mali" was probably seated in the lower part of the abdomen.

A diarrhœa came on, and, as it could not be checked, the patient speedily sunk under its effects. He died about the middle of August.

Autopsy.—When the abdominal cavity was laid open, and the small intestines, which were found contracted and quite empty, had been pushed up, an extraordinary mass of indurated disorganized glands presented itself to view. It was fully as large as two fists put together, and, when divided, exhibited a yellow colour, and a structure not unlike to that of genuine scirrhus. So general was the morbid change, that not one healthy gland was discovered in the whole course of the mesentery. It was very naturally a subject of great surprise how such an enormous enlargement as existed at one part could have escaped detection during life, seeing that the abdomen had been repeatedly examined with great care. The only way in which we can explain this, is by supposing that the intestines were always interposed between the mass and the parietes of the abdomen.

Remarks.—The preceding case is very interesting in several points of view; and of these not the least important is that of illustrating what extensive disorganization may be going on in certain viscera, and yet the symptoms, especially the local ones, may be very obscure and unsteady. The leading feature in our patient was the extreme heat and sense of burning which he felt in every part of his body.

It may, therefore, be worthy of the attention of physicians whether this symptom is not more frequently attendant upon mesenteric disease than has been hitherto noticed. We have certainly observed it, more than once, in some of the abdominal affections of children.—*Med. Chir. Rev. and Annali Univers. di Med.*

18. *Case of Paraplegia—Suppression of the Urinary and Anal Evacuations during Eleven Years.*—When Dr. MONTESANTO first saw this patient in April, 1831, he had been paraplectic for upwards of eleven years, and was suffering at the time from the sequelæ of a severe attack of pneumonia; so that it was not